

**ARIZONA DEPARTMENT of HEALTH SERVICES (ADHS)
Office for Children with Special Health Care Needs (OCSHCN)**

COMPLAINT AND GRIEVANCE PROCESS

All members/families served through ADHS/OCSHCN TBI/SCI/CYSHCN programs have the right to file a complaint or grieve to the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program Manager any adverse actions or decisions made by TBI/SCI/CYSHCN or its contractors.

A. COMPLAINT PROCESS

A complaint may be filed with the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Contractor who is serving the member/family. The contractor is required to respond in writing within 15 working days.

- A copy of the complaint and response shall be forwarded to the ADHS/OCSHCN Family Resource Coordination Program Manager.
- If the contract provider does not resolve the complaint, the family may contact the ADHS/OCSHCN Family Resource Coordination Program Manager. Complaints that cannot be resolved by the contractor must be forwarded to the ADHS/OCSHCN Family Resource Coordination Program Manager for a higher-level review within 30 working days:

Arizona Department of Health Services
Office for Children with Special Health Care Needs
Program Manager, TBI/SCI/CYSHCN
Family Resource Coordination Program
150 North 18th Ave Suite 330
Phoenix, AZ 85007

The ADHS Program Manager will complete review and investigation of the stated issues. ADHS/OCSHCN staff will contact the member or his/her parent/responsible person, medical providers, service providers and/or other pertinent individuals to obtain additional information. Relevant policies will be reviewed and Arizona Department of Health Services management staff will be consulted as necessary. Once the fact-finding is complete, a written decision will be rendered to the member or his/her parent/responsible person. There will be no change in the member's status or the services he/she receives while the review is occurring.

The ADHS/OCSHCN Program Manager will provide a written reply to the complaint within 15 days after the receipt of the complaint. The decision letter upholding or reversing the complaint will be sent to the member/family.

If the member or his/her parent/responsible person wishes to pursue a higher level of resolution of his/her problem/complaint, a request for review can be made. The member or his/her parent/responsible person has 60 calendar days from the date of the initial problem to request a review. The request should be made in writing to:

Arizona Department of Health Services,
Office for Children with Special Health Care Needs,
Contract Administrator, TBI/SCI/CYSHCN
Family Resource Coordination Program
150 North 18th Ave Suite 330
Phoenix, AZ 85007

The following information must be given:

- Member's name, address, birth date, date of incident;
- Parent/Responsible person's name, relationship and telephone number;
- Family Resource Coordinator's name and telephone number;
- Contractor name;
- Program name; and
- Statement of the nature of the complaint and the action requested.

The ADHS/OCSHCN Contract administrator will provide a written reply to the request for review within 30 days after the receipt of the request for review. The decision letter upholding or reversing the request for review will be sent to the member/family.

B. GRIEVANCE PROCESS

Within 15 days of an adverse decision by the contract administrator the member/family served by ADHS/OCSHCN may submit a written grievance to the ADHS/OCSHCN Division Chief of Compliance at:

Arizona Department of Health Services
Office for Children with Special Health Care Needs
Division Chief of Compliance
150 North 18th Ave Suite 330
Phoenix, AZ 85007

- The grievance must contain in detail the basis of the grievance.
- ADHS/OCSHCN will keep the family apprized of the progress of the dispute.

The ADHS/OCSHCN Division Chief of Compliance will provide a written reply to the grievance within 30 days after the receipt of the grievance. The decision letter upholding or reversing the grievance will be sent to the member/family.

A higher level formal grievance may be submitted in response to any adverse reply to a grievance filed by the member/family and shall be conducted in accordance with the ADHS/OCSHCN rules of practice and procedure. The following general requirements apply to the formal grievance process:

- A formal grievance shall be in writing and filed within 15 days of receipt of an adverse reply to a grievance.
- The formal grievance must contain in detail the basis of the grievance and the relief being requested.
- All requests for a formal grievance shall be addressed to:

Arizona Department of Health Services
Office for Children with Special Health Care Needs
Office Chief
150 North 18th Avenue Suite 330
Phoenix, AZ 85007